Form SAS54 Eff. 7-1-88 Rev 08/08/06

Commonwealth of Kentucky Finance and Administration Cabinet

REQUEST FOR APPROVAL OF BANK ACCOUNT

	To make C complete It	the establishment of a NEW according to an existing bank according to an existing bank according account complete ltems.	ount,	Please check at left what action is being requested.	
	Dept #		Date (MM/DD/YY)		
· .			Address Line 1		
De	pt Name				
			Address Line 2		
			City/State/Zip		
		Origin	nal Account Information		
1	Purpose of Bank Account				
2	Account Typ	e (see below)			
3	Bank Name				
4	4 Bank Account Name				
5	5 Bank Address				
6	Custodian				
7	7 Date Account Needed				
8	Estimated M	onthly Balance			
	Changes and Closes				
9	New Bank Account Name				
10	New Bank Account Number				
11	New Bank Name				
12	New Bank A	ddress			
13	New Custodian				
14	Date Closed				
Type #	Туре	Description	1		
1 2	Checking CD	Checking Acct Not Otherwise Classified Certificate of Deposit	APPROVED:		
3	Savings Receipt	Time Deposit Account Account for Depositing Receipts			
5	Imprest	Imprest Cash Fund	Agency Head	Date	
6 7	Operate Bond Receipt	Operating or Agency Account Bond Receipt Account	APPROVED:		
8	Loan Grant	Loan or Grant Fund Accounts			
9	Fiduciary Escrow	Fiduciary Accounts Escrow Accounts	-		
11	Change	Depository For Change Funds	State Treasurer	Date	
10		ne State Treasurer: Suite 100; Frankfort, KY 40601	APPROVED:		
Finance and Administration Cabinet Date					

SAS54: REQUEST FOR APPROVAL OF BANK ACCOUNT

KRS 41:070 allows the Finance and Administration Cabinet to authorize state agencies to temporarily deposit funds into banks accounts other than the central depository of the state.

This form is completed by an agency to request authorization to open a separate bank account, to make changes to an existing account, or report the closing of an existing account.

To request the establishment of a NEW bank account the agency must complete items 1-8. To close an existing bank account the agency must complete items 1-8 & 14. To make changes to an existing bank account the agency must complete items 1-8 and the applicable items 9-13.

The form **MUST** be approved by the appropriate agency head (central office person authorized to approve this form), and submitted to the State Treasurer, for approval by the State Treasurer and the Finance and Administration Cabinet.

FIELD	DESCRIPTION		
Department Number	Enter three-digit department number.		
Date	Enter current date.		
Department Name	Enter your department name (institution, field office).		
Address	Enter the complete address of the location for which the bank account is to be established.		
1. Purpose of Account	Enter a brief description of the purpose of the requested account.		
2. Account Type	From the chart at the bottom of the form select the type of account that is to be established and enter the number and name of that type of account		
3. Bank Name	Enter the name of the bank at which the account is to be established.		
4. Bank Account Name	Enter the name that will be used to identify this account (i.e. Field Division Daily Receipts Account).		
5. Bank Address	Enter the address of the bank at which this account is to be established.		
6. Custodian	Enter the name(s) of the custodian(s) for this account.		
7. Date Account Needed	Enter the date, by which this account needs to be established, to meet the purpose for which it is being requested.		
8. Estimated Monthly Balance	Enter the estimated amount that will remain in this account at the end of each month.		
9. New Account Name and Type	Enter the name and type (see chart on bottom of form) of the account that is being changed.		
10. New Bank Account Number	Enter the account number of the account that is being changed.		
11. New Bank Name	Enter the name of the bank for the account that is being changed.		
12. New Bank Address	Enter the new address of the bank for the account that is being changed.		
13. New Custodian	Enter the name(s) of the new custodian(s).		
14. Date Closed	Enter the date the account was closed.		